Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90176 016 ***150.00

FILED

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOC	CUME	NT#	J57 ⁻	159

1. Corporation	MEN # J57159 NAME NLIMITED INC.)						
LINKII U	NLIMITED INC.							
Principal Place	e of Business	Mailing Addres	s			[EMBISTO DIST DITTI INSET ITOU DITTO IET DISTI	Tilli Bieti alali et	B\$1 01015 1001
5802 EMPIRE C	HURCH RD.	5802 EMPIRE C	HURCH RD.					
GROVELAND FL 34736 GROVELAND FL 34736			34736		DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed	3 SPACE	
						02/03/1987		
2. Principal P	face of Business	2a. Mailing Add	dress			4. FEI Number	Apr	olied For
21		26				59-2771686	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	•		
22		27			Fee Rec	·		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23	0	28		Country		Trust Fund Contribution) Fees
Z₃p	Country	Zip	ſ.	10		 This corporation owes the current year In Personal Property Tax. 		□No
24	9. Name and Address of Curre	29		1		10. Name and Address of New Registered		
	5. Name and Address of Corre	int registered Agen		81	Name			
Link	H, GEORGE R							
5802	EMPIRE CHURCH RD.			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
GRO	VELAND FL 34736			83		1.00		
							Teal =: 0	
				84	City	F!	85 Zip C	.ode
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such cha	inge was aut	honzed by	the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the apportunity	f changing its r intment as reg	registered jistered
	m tamiliar with, and accept the oblig	ations of, Section oo	.0000, 1 10110	Ja Statutes	•	•		1
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: F	Registered Ager	nt signature requir	red when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P		DELÉTE	1.1 TITLE			Change	☐ Addition
NAME	LINKH, GEORGE R.			1.2 NAME				
STREET ADDRESS	5802 EMPIRE CHURCH RD.			1.3 STREE	T ADDRESS			1
C/TY-ST-ZIP	GROVELAND FL			1.4 CITY-S	T-ZiP	····		
TITLE	VP		DELETE	2.1 TITLE	İ		Change	Addition
NAME	LINKH, DARLENE A.			2.2 NAME				
STREET ADDRESS	5802 EMPIRE CHURCH RD.			2.3 STREE	T ADDRESS			
CITY-ST-ZIP	GROVELAND FL			2.4 C/TY+5	ST-ZIP			
TITLE		U	DELETE	3.1 TITLE		•	☐ Change	Addition.
NAME				3.2 NAME		·		
STREET ADDRESS				3.3 STREE	TADDRESS			
CITY-ST-ZIP			DC: ETC	3.4. CITY-5	ST-ZIP		————	Addition
TITLE		Ц	DELETE	4 1 TITLE			☐ Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS					TADDRESS			
CITY-ST-ZIP			DELETE	4.4 CITY-S 5.1 TITLE	T-ZIP		Change	☐ Addition
TITLE		L	DECETE	5.1 IIILE 52 NAME			□ onange	
NAME					T ADDRESS			
STREET ADDRESS				5.4 CITY-S				
CITY-ST-ZIP			DELETE	6.1 TITLE			, Change	Addition
TITLE				6.2 NAME			, —	
NAME CTREET ADDRESS				i i	TADDRESS			
STREET ADDRESS	İ			I				

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: